Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>05-14-09</u> | Address: | High & Erie |
|---|---|---|--|
| Case #: | 96-04081 | | Rockville, IN |
| County: | <u>Parke</u> | | |
| Type of Laboratory Seizure (check one) | | Scizure Location (check all that apply) | |
| Chemic | onal Lab al/Glassware/Equipment (only) ite (only) | ☐ Residence ☐ Outbuilding ☑ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) | | | |
| (check all that apply) Lithium/Ammonia Reaction(s): | | | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| ☐ Flammable Solvents: <u>vehicle</u> | | | |
| Water Reactive Metal (Lithium): | | | |
| Anhydrous Ammonia: | | | |
| Ilydrochloric Acid Gas Generator(s): | | | |
| Corrosive Acid: vehicle | | | |
| Corrosive Base: | | | |
| Other (item and location):sodium chloride-vehicle | | | |
| Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services | | Investigative Information Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:Law Enforcement | |
| This report is to be faxed to the following agencies that serve the location: | | | |
| Fire Depart | ment: Rockville City | Fax: <u>765-5</u> | |
| Health Department: Parke County | | Fax: <u>765-5</u> Fax: | |
| Child Prote | ction Service: | | - |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.D. Goldner / 5228 Phone (812)299-1153 | | | |

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.